



Liquor Control Board
Regulatory Services Division
PO Box 43098
Olympia WA 98504-3098
Fax: (360) 753-2710

For Office Use Only

Date: _____
Check No. _____
Amount Rec'd _____
Rec'd By _____

Application for Agent's License

\$25 Fee

Agent's Licenses Expire June 30th

To Be Completed by Applicant Company

Full Legal Name of Company or Corporation Represented by Agent	License No. of Company
Address (City, State, Zip Code)	Telephone No.

To Be Completed by Agent

Agent's Name (First, Middle, Last) <i>Please print</i>	Date of Birth	Social Security No.
Agent's Business Address (if different from applicant company)	Telephone No. ()	

Do you hold any other job or engage in any other employment with or without pay? ☐ yes ☐ no

If yes,
explain:

Do you have any financial interest of any nature whatsoever in any business involved in the retail sale of beer, wine, or spirituous liquor (including lessor or landlord interests in building; or being a holder of a note, mortgage contract, or other forms of obligations or credit arrangements)? ☐ yes ☐ no

If yes, explain and give details of

To Be Completed by Applicant Company and Agent

In making this application we agree, if application is approved, to abide by the provisions of the Washington State liquor laws and regulations, with particular reference to RCW 66.24.310, WAC 314-44-005, and WAC 314-12-140. We understand a misrepresentation of fact shall be deemed a lack of good faith and shall constitute good and sufficient cause for disapproval, revocation, or suspension of the license.

Agent's

Date

Company Authorized

Date

If you have any questions or need assistance, please call (360) 664-1617